

The Honorable Thomas S. Zilly

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

FEDERAL TRADE COMMISSION,

Plaintiff,

v.

9125-8954 QUEBEC INC., D.B.A. GLOBAL
MANAGEMENT SOLUTIONS, a Canadian
corporation;
9125-8947 QUEBEC INC., D.B.A.
COMMUTEL MARKETING, a Canadian
corporation;
6050808 CANADA INC., D.B.A.
AMERICAN BUSINESS SOLUTIONS, a
Canadian corporation;
TY NGUYEN, individually and as a director or
officer of Global Management Solutions and
Commutel Marketing;
CORY KORNELSON, individually and as a
director or officer of Global Management
Solutions;
BYRON STECZKO, individually and as a
director or officer of Commutel Marketing;
KELLY NGUYEN, individually and as a
director or officer of American Business
Solutions; and
MINH TAM VO, individually and as a director
or officer of American Business Solutions,

Defendants.

Case No. C05-0265 TSZ

**(PROPOSED)
STIPULATED PRELIMINARY
INJUNCTION WITH ASSET FREEZE
AND OTHER EQUITABLE RELIEF
AS TO DEFENDANTS AMERICAN
BUSINESS SOLUTIONS, KELLY
NGUYEN, AND MINH TAM VO**

Plaintiff Federal Trade Commission ("Commission" or "FTC"), pursuant to Section 13(b)
of the Federal Trade Commission Act ("FTC Act"), 15 U.S.C. § 53(b), filed its Complaint for
Injunction and Other Equitable Relief and applied *ex parte* for a Temporary Restraining Order
with Asset Freeze, Withholding Mail Sent to Commercial Mail Receiving Agencies, Permitting

1 Expedited Discovery, and for an Order to Show Cause Why a Preliminary Injunction Should Not
 2 Issue pursuant to Rule 65 of the Federal Rules of Civil Procedure. On February 15, 2005, this
 3 Court granted plaintiff's *ex parte* application and entered the requested temporary restraining
 4 order ("TRO"). All the defendants were served with the Summons, Complaint, TRO, and other
 5 related papers filed in this action. On March 14, 2005, the Commission and defendants American
 6 Business Solutions, Kelly Nguyen, and Minh Tam Vo filed a motion and order to extend the
 7 temporary restraining order as to them until April 22, 2005, which the Court granted on March
 8 25, 2005.

9 FINDINGS OF FACT

10 This Court has considered all the pleadings, memoranda, declarations, and other exhibits
 11 filed herein. It appears to the satisfaction of the Court that:

- 12 1. This Court has jurisdiction over the subject matter of this case, and there is reason
 13 to believe that the Court will have jurisdiction over these parties;
- 14 2. Venue in the Western District of Washington is proper;.
- 15 3. Entry of this Preliminary Injunction ("Order") is in the public interest; and
- 16 4. This Order does not constitute, and shall not be interpreted to constitute, either an
 17 admission by defendants of any of plaintiff's allegations or a finding by the Court that defendants
 18 have engaged in any violations of the FTC Act.

19 DEFINITIONS

20 A. "**Asset**" means any legal or equitable interest in, right to, or claim to, any real and
 21 personal property including, but not limited to, chattels, goods, instruments, equipment, fixtures,
 22 general intangibles, effects, leaseholds, mail or other deliveries, inventory, checks, notes,
 23 accounts, credits, receivables, funds, monies, and all cash, wherever located, and shall include
 24 both existing assets and assets acquired after the date of entry of this Order.

25 B. "**Assisting**" means providing substantial assistance or support to any person. For
 26 purposes of this Order, providing substantial assistance or support includes, but is not limited to:
 27 (a) preparing, printing, or transmitting invoices; (b) recording or verifying sales solicitations; (c)
 28 performing customer service functions including, but not limited to, receiving or responding to

1 consumer complaints, obtaining or receiving identifying and financial information from consumers,
 2 and communicating with consumers on behalf of the seller or telemarketer; (d) developing,
 3 providing, or arranging for the development or provision of sales scripts or any other marketing
 4 material; (e) verifying, processing, fulfilling, or arranging for the fulfillment of orders; (f)
 5 developing, providing, or arranging for the provision of names of potential customers; (g)
 6 collecting or arranging for the collection of accounts receivable or other amounts owed; (h)
 7 providing or arranging for the provision of post office boxes or commercial mail receiving
 8 agencies; or (i) performing or providing marketing services of any kind.

9 C. **“Customer”** means any person who has paid, or may be required to pay, for
 10 goods or services offered for sale or sold by defendants.

11 D. **“Commercial Mail Receiving Agency” (“CMRA”)** means any private facility
 12 where defendants have an account that is responsible for accepting defendants’ mail.

13 E. **“Defendant” or “Defendants”** means 6050808 Canada Inc., d.b.a. American
 14 Business Solutions (“ABS”), Kelly Nguyen, a.k.a. Phu Minh Huy Nguyen, and Minh Tam Vo.

15 F. **“Document”** is synonymous in meaning and equal in scope to the usage of the
 16 term in Federal Rule of Civil Procedure 34(a), and includes writings, drawings, graphs, charts,
 17 photographs, audio and video recordings, computer records, and other data compilations from
 18 which information can be obtained and translated, if necessary, through detection devices into
 19 reasonably usable form. A draft or non-identical copy is a separate document within the meaning
 20 of the term.

21 G. **“Financial institution”** means any bank, savings and loan institution, credit union,
 22 or any financial depository of any kind including, but not limited to, any brokerage house, trustee,
 23 broker-dealer, escrow agent, title company, commodity trading company or precious metal dealer.

24 H. **“Material”** means likely to affect a person’s choice of, or conduct regarding,
 25 goods or services.

26 I. **“Person”** means a natural person, an organization or other legal entity, including a
 27 corporation, partnership, sole proprietorship, limited liability company, association, cooperative,
 28 or any other group or combination acting as an entity.

ORDER

I. PROHIBITED BUSINESS ACTIVITIES

IT IS THEREFORE ORDERED that defendants, and their officers, agents, directors, servants, employees, salespersons, independent contractors, attorneys, corporations, subsidiaries, affiliates, successors, and assigns, and all other persons or entities in active concert or participation with them who receive actual notice of this Order by personal service or otherwise, whether acting directly or through any trust, corporation, subsidiary, division, or other device, or any of them, in connection with the advertising, promotion, offering for sale or sale of business directories or listings in business directories are preliminarily restrained and enjoined from:

A. Misrepresenting, expressly or by implication, that:

1. Consumers have previously authorized the purchase of a business directory and/or listing in a directory;
2. Consumers have agreed to purchase a business directory and/or listing in a directory;
3. Consumers can review a business directory on a trial basis without incurring financial obligation; and
4. Consumers owe money to any of the defendants for a business directory and/or listing in a directory;

B. Failing to disclose in outbound telephone calls to consumers, promptly and in a clear and conspicuous manner: (1) the identity of the seller; (2) that the purpose of the call is to sell goods or services; and (3) the nature of the goods or services; and

C. Assisting others who violate any provision of Section I of this Order.

II. ASSET FREEZE

IT IS FURTHER ORDERED that defendants, and their officers, agents, directors, servants, employees, salespersons, independent contractors, attorneys, corporations, subsidiaries, affiliates, successors, and assigns, and all other persons or entities in active concert or participation with them who receive actual notice of this Order by personal service or otherwise, whether acting directly or through any trust, corporation, subsidiary, division, or other device, or

any of them, except as stipulated by the parties or as directed by further order of the Court, are preliminarily restrained and enjoined from:

A. Selling, liquidating, assigning, transferring, converting, loaning, encumbering, pledging, concealing, dissipating, spending, disbursing, withdrawing, or otherwise disposing of any assets wherever located, including any assets outside the territorial United States, that are:

1. In the actual or constructive possession of any defendant;
2. Owned or controlled by, or held, in whole or in part for the benefit of, or subject to access by, or belonging to, any defendant; or
3. In the actual or constructive possession of, owned or controlled by, subject to access by, or belonging to any corporation, partnership, trust or any other entity directly or indirectly owned, managed or controlled by, or under common control with, any defendant including, but not limited to, any assets held by or for any defendant at any bank or savings and loan institution, credit union, independent service organization, independent credit card processing company, or with any broker-dealer, escrow agent, title company, commodity trading company, precious metal dealer, common carrier, credit card processing agent, customs broker, commercial mail receiving and/or forwarding agency, commercial freight holding and/or forwarding agency, or other financial institution or depository of any kind including, but not limited to, assets at C.I.B.C. or any branches thereof;

B. Opening or causing to be opened any safe deposit boxes or storage facilities titled in the name of any defendant, or subject to access by any defendant or under any defendant's control, without providing plaintiff prior notice and a reasonable opportunity to first inspect the contents in order to determine whether they contain any assets covered by this Section;

C. Failing to hold and account for all assets including, without limitation, payments, loans, and gifts, received after service of this Order; and

D. Notwithstanding the above, each individual defendant may designate a personal checking or other account and a personal credit card that shall be exempt from this provision, and from which funds can be drawn to pay that individual defendant's normal and reasonable living

1 expenses. Individual defendants shall provide the FTC with a monthly accounting relating to each
 2 such individual account and credit card.

3 **III. WITHHOLDING OF MAIL SENT TO COMMERCIAL MAIL RECEIVING** 4 **AGENCIES**

5 **IT IS FURTHER ORDERED** that:

6 A Any CMRA where defendants maintain an account, including those at: (1) 2034
 7 East Lincoln Avenue, Suite 332, Anaheim, California 92806, and (2) 59 Damonte Ranch
 8 Parkway, Suite #B-324, Reno, Nevada 89521, shall, for the duration of this Order, retain and
 9 forward to plaintiff, at the address designated in Section VI.D. below, all mail received at the
 10 CMRA that is addressed to any defendant and/or addressed to any other name under which the
 11 defendants are doing business. Plaintiff will retain this mail for the duration of this Order, until
 12 further order of this court or upon stipulation of the parties; and

13 B. Defendants, within three (3) business days of entry of this Order, shall provide to
 14 counsel for the Commission a complete list of all CMRA accounts used by any defendant from
 15 January 1, 2004, to the date of entry of this Order. Defendants shall notify counsel for the
 16 Commission of any CMRA account created by any defendant after the date of entry of this Order,
 17 within three (3) business days of its creation; such notice shall include the address of the CMRA
 18 account, the name and contact person on the account, and all business names receiving mail at
 19 that account.

20 **IV. SUSPENSION OF COLLECTION ON ACCOUNTS**

21 **IT IS FURTHER ORDERED** that defendants, and their officers, agents, directors,
 22 servants, employees, salespersons, independent contractors, attorneys, corporations, subsidiaries,
 23 affiliates, successors, and assigns, and all other persons or entities in active concert or
 24 participation with them who receive actual notice of this Order by personal service or otherwise,
 25 whether acting directly or through any trust, corporation, subsidiary, division, or other device, or
 26 any of them, are preliminarily restrained and enjoined from collecting or attempting to collect
 27 payment for a business directory and/or listing in a directory, directly or through any third party,
 28 on any account established prior to entry of this Order.

V. MONITORING BY DEFENDANTS

IT IS FURTHER ORDERED that defendants, in connection with the telemarketing of any product or service including, but not limited to, a business directory and/or listing in the directory, are preliminarily restrained and enjoined from:

A. Failing to take reasonable steps sufficient to monitor and ensure that all employees and independent contractors engaged in sales, collection or other customer service functions comply with Sections I and IV of this Order. Such steps shall include adequate monitoring of sales presentations or other calls with customers, and shall also include, at a minimum, the following: (1) listening to the oral representations made by persons engaged in sales, collection or other customer service functions; (2) establishing a procedure for receiving and responding to customer complaints; and (3) ascertaining the number and nature of complaints regarding transactions in which each employee or independent contractor is involved; *provided* that this Section does not authorize or require any defendant to take any steps that violate any federal, state or local law;

B. Failing to investigate promptly and fully any complaint to which this Section applies; and

C. Failing to take corrective action with respect to any employee or independent contractor whom any defendant determines is not complying with this Order, which may include training, disciplining, and/or terminating such person.

VI. COMPLIANCE MONITORING

IT IS FURTHER ORDERED that:

A. In the event defendants resume business activities, defendants shall provide to counsel for plaintiff, within five (5) days of resuming business, copies of any directions, sales scripts, training materials or similar documents provided to employees or independent contractors to bring them into compliance with Section I of this Order;

B. In the event defendants resume business activities, defendants shall provide to counsel for plaintiff, within five (5) days of resuming business and thereafter on a bi-weekly or twice per month basis, copies of actual invoices showing all businesses who have ordered or

1 | agreed to purchase a business directory and/or a listing during the previous two-week period.
 2 | The invoices shall contain each business' name, address, telephone number, email address (if any),
 3 | date of transaction, item, price of item, other charges, and the salesperson's full name;

4 | C. The Commission staff may use the information in Sections III and VI.B. of this
 5 | Order to contact businesses for the purpose of monitoring compliance with this Order. The
 6 | Commission shall maintain the confidentiality of the business names and related identifying
 7 | information provided in response to this Section; and

8 | D. For purposes of this Order, all correspondence to plaintiff shall be addressed to:

9 | Kathryn C. Decker
 10 | Federal Trade Commission
 11 | 915 Second Avenue, Suite 2896
 12 | Seattle, WA 98174
 13 | 206-220-6366 (fax)
 14 | kdecker@ftc.gov

13 | **VII. FINANCIAL STATEMENTS**

14 | **IT IS FURTHER ORDERED** that:

15 | A. Each defendant, within ten (10) days of entry of this Order, shall prepare and
 16 | deliver to counsel for the Commission a completed Financial Statement of Individual Defendant,
 17 | accurate as of the date of this Order, in the form provided as Attachment A for individuals and
 18 | Attachment B for businesses, along with the required attachments. Attachments A and B are the
 19 | Department of Treasury – Internal Revenue Service Collection Information Statement for
 20 | Individuals (Form 433-A), and the corresponding Collection Information Statement for
 21 | Businesses (Form 433-B), which can also be found at www.irs.gov/pub/irs-pdf/f433a.pdf and
 22 | www.irs.gov/pub/irs-pdf/f433b.pdf; and

23 | B. Each defendant, within ten (10) days of entry of this Order, shall provide the
 24 | Commission access to records and documents pertaining to defendants that are held by financial
 25 | institutions outside the territory of the United States by signing the Consent to Release of
 26 | Financial Records, which is attached to this Order as Attachment C.

27 | **VIII. DUTIES OF THIRD PARTIES HOLDING DEFENDANTS' ASSETS**

28 | **IT IS FURTHER ORDERED** that, pending determination of the FTC's request for a

1 permanent injunction, any financial institution, or any person or other entity served with a copy of
 2 this Order shall:

3 A. Hold and retain within such entity's or person's control, and prohibit the
 4 withdrawal, removal, assignment, transfer, pledge, hypothecation, encumbrance, disbursement,
 5 dissipation, conversion, sale, liquidation, or other disposal of any assets held by or under such
 6 entity's or person's control:

- 7 1. On behalf of, or for the benefit of, any defendant;
- 8 2. In any account maintained in the name of, or subject to withdrawal by, any
 9 defendant; or
- 10 3. That are subject to access or use by, or under the signatory power of, any
 11 defendant;

12 B. Deny access to any safe deposit boxes that are either:

- 13 1. Titled in the name, individually or jointly, of any defendant; or
- 14 2. Subject to access by any defendant;

15 C. Provide to counsel for the Commission, within three (3) business days, by facsimile
 16 or by overnight delivery, a sworn statement setting forth:

- 17 1. The identification of each account or asset titled in the name, individually
 18 or jointly, or held on behalf of, or for the benefit of, any defendant, whether in
 19 whole or in part;
- 20 2. The balance of each such account, or a description of the nature and value
 21 of such asset;
- 22 3. The identification of any safe deposit box that is either titled in the name of,
 23 individually or jointly, or is otherwise subject to access or control by, any
 24 defendant, whether in whole or in part; and
- 25 4. If the account, safe deposit box or other asset has been closed or removed,
 26 the date closed or removed and the balance on said date; and

27 D. The accounts and assets subject to this Section include existing accounts and
 28 assets, and assets deposited or accounts created after the effective date of this Order. This

1 Section shall not prohibit transfers in accordance with any provision of this Order, or any further
 2 order of the Court.

3 **IX. RECORD KEEPING/MAINTAINING BUSINESS RECORDS**

4 **IT IS FURTHER ORDERED** that defendants, and their officers, agents, directors,
 5 servants, employees, salespersons, independent contractors, attorneys, corporations, subsidiaries,
 6 affiliates, successors, and assigns, and all other persons or entities in active concert or
 7 participation with them who receive actual notice of this Order by personal service or otherwise,
 8 whether acting directly or through any trust, corporation, subsidiary, division, or other device, or
 9 any of them, are preliminarily restrained and enjoined from:

10 A. Failing to make and keep books, records, accounts, bank statements, current
 11 accountants' reports, general ledgers, general journals, cash receipts ledgers, cash disbursements
 12 ledgers and source documents, documents indicating title to real or personal property, and any
 13 other data which, in reasonable detail, accurately and fairly reflect the transactions and
 14 dispositions of the assets of defendants; and

15 B. Destroying, erasing, mutilating, concealing, altering, transferring or otherwise
 16 disposing of, in any manner, directly or indirectly, contracts, agreements, customer files, customer
 17 lists, customer addresses and telephone numbers, correspondence, advertisements, brochures,
 18 sales material, training material, sales presentations, documents evidencing or referring to
 19 defendants' products or services, data, computer tapes, disks, or other computerized records,
 20 books, written or printed records, handwritten notes, telephone logs, "verification" or
 21 "compliance" tapes or other audio or video tape recordings, receipt books, invoices, postal
 22 receipts, ledgers, personal and business canceled checks (fronts and backs) and check registers,
 23 bank statements, appointment books, copies of federal, state or local business or personal income
 24 or property tax returns, and other documents or records of any kind, including electronically
 25 stored materials, that relate to the business practices or business or personal finances of
 26 defendants or other entities directly or indirectly under the control of defendants.

27 **X. DISTRIBUTION OF ORDER BY DEFENDANTS**

28 **IT IS FURTHER ORDERED** that defendants shall immediately provide a copy of this

Order to each affiliate, partner, division, sales entity, successor, assign, officer, director, employee, independent contractor, agent, attorney, and/or representative of any defendant. Within five (5) calendar days following service of this Order by plaintiff, defendants shall serve on plaintiff an affidavit identifying the name, title, address, telephone number, date of service, and manner of service of each person or entity defendants served with a copy of this Order in compliance with this provision.

XI. SERVICE OF ORDER

IT IS FURTHER ORDERED that copies of this Order may be served by facsimile transmission, personal or overnight delivery, or by first class mail, by agents and employees of the Commission or any state, federal or foreign law enforcement agency, or by private process server, on: (1) defendants; (2) any financial institution, entity or person that holds, controls or maintains custody of any documents or assets of any defendant, or that held, controlled or maintained custody of any documents or assets of any defendant; or (3) any other person or entity that may be subject to any provision of this Order. Service upon any branch or office of any financial institution or entity shall effect service upon the entire financial institution or entity.

XII. CONSUMER REPORTS

IT IS FURTHER ORDERED that pursuant to Section 604(a)(1) of the Fair Credit Reporting Act, 15 U.S.C. § 1681b(a)(1), any consumer reporting agency may furnish a consumer report concerning any defendant to the Commission.

XIII. EXPEDITED DISCOVERY

IT IS FURTHER ORDERED that, notwithstanding the provisions of Federal Rules of Civil Procedure 26(d) and (f) and 30(a)(2)(c), and pursuant to Federal Rules of Civil Procedure 30(a), 34, and 45, the parties are granted leave, at any time after service of this Order, to:

A. Take the deposition, on three (3) calendar days' notice, of any person, whether or not a party, for the purpose of discovering the nature, location, status, and extent of the assets of the defendants, or their affiliates or subsidiaries; the nature and location of documents reflecting the defendants' business transactions, or the business transactions of the defendants' affiliates or subsidiaries; the location of any premises where defendants, directly or through any third party,

1 conduct business operations; the defendants' whereabouts; and/or the applicability of any
 2 evidentiary privileges to this action. The limitations and conditions set forth in Fed. R. Civ. P.
 3 30(a)(2)(B) and 31(a)(2)(B) regarding subsequent depositions of an individual shall not apply to
 4 depositions taken pursuant to this Section. Any such depositions taken pursuant to this Section
 5 shall not be counted toward the ten (10) deposition limit set forth in Fed. R. Civ. P. 30(a)(2)(A)
 6 and 31(a)(2)(A). Service of discovery upon a party, taken pursuant to this Section, shall be
 7 sufficient if made by facsimile or by overnight delivery; and

8 B. Demand the production of documents, on five (5) calendar days' notice, from any
 9 person, whether or not a party, relating to the nature, status or extent of assets of the defendants
 10 or of their affiliates or subsidiaries; the location of documents reflecting the business transactions
 11 of defendants, or of their affiliates or subsidiaries; the location of any premises where defendants,
 12 directly or through any third party, conduct business operations; the defendants' whereabouts;
 13 and/or the applicability of any evidentiary privileges to this action, provided that twenty-four (24)
 14 hours' notice shall be deemed sufficient for the production of any such documents that are
 15 maintained or stored only as electronic data.

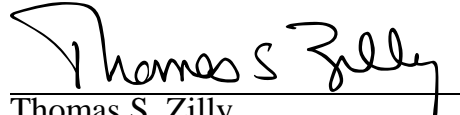
16 **XIV. CREATION OF OTHER BUSINESSES**

17 **IT IS FURTHER ORDERED** that defendants are preliminarily restrained and enjoined,
 18 until further order, from creating, operating, or controlling any business entity, whether newly-
 19 formed or previously inactive, including any partnership, limited partnership, joint venture, sole
 20 proprietorship, or corporation, without first providing the Commission with a written statement
 21 disclosing: (1) the name of the business entity; (2) the address and telephone number of the
 22 business entity; (3) the names of the business entity's officers, directors, principals, managers, and
 23 employees; and (4) a detailed description of the business entity's intended activities.

24 **XV. RETENTION OF JURISDICTION**

25 **IT IS FURTHER ORDERED** that this Court shall retain jurisdiction of this matter for all
 26 purposes.
 27
 28

1 Dated this 26th day of April, 2005.

2
3
4 
5 Thomas S. Zilly
6 United States District Judge

7 Presented by:

8
9 KATHRYN C. DECKER, WSBA #12389
10 JULIE K. BROF, WSBA #34638
11 915 Second Avenue, Suite 2896
12 Seattle, Washington 98174
13 206-220-4486 (Decker)
206-220-4475 (Brof)
206-220-6366 (fax)
kdecker@ftc.gov
jbrof@ftc.gov

14 Attorneys for Plaintiff
15 Federal Trade Commission
16

17 KELLY NGUYEN, Individually and on
18 behalf of American Business Solutions
1260 Craigflower Road
19 Victoria, British Columbia, Canada
250-380-3898
20 Pro Se

21 MINH TAM VO, Individually
22 1260 Craigflower Road
23 Victoria, British Columbia, Canada
250-380-3898
24 Pro Se
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5 formed or previously inactive, including any partnership, limited partnership, joint venture, sole
6 proprietorship, or corporation, without first providing the Commission with a written statement
7 disclosing: (1) the name of the business entity; (2) the address and telephone number of the
8 business entity; (3) the names of the business entity's officers, directors, principals, managers,
9 and employees; and (4) a detailed description of the business entity's intended activities.

10 **XV. RETENTION OF JURISDICTION**

11 **IT IS FURTHER ORDERED** that this Court shall retain jurisdiction of this matter for
12 all purposes.

13
14 Dated this ____ day of April, 2005.



15
16
17 **THE HONORABLE THOMAS S. ZILLY**
18 **UNITED STATES DISTRICT JUDGE**

19 Presented by:

20 *Julie K. Brof*
21 **KATHRYN C. DECKER, WSBA #12389**
22 **JULIE K. BROF, WSBA #34638**
23 **915 Second Avenue, Suite 2896**
24 **Seattle, Washington 98174**
25 **206-220-4486 (Decker)**
26 **206-220-4475 (Brof)**
27 **206-220-6366 (fax)**
28 **kdecker@ftc.gov**
jbrof@ftc.gov

Attorneys for Plaintiff
Federal Trade Commission

FEDERAL TRADE COMMISSION
915 Second Ave., Su. 2896
Seattle, Washington 98174
(206) 220-6350

1 
2 KELLY NGUYEN, Individually and on
3 behalf of American Business Solutions
4 1260 Craigflower Road
5 Victoria, British Columbia, Canada
6 250-380-3898
7 Pro Se
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MINH TAM VO, Individually
1260 Craigflower Road
Victoria, British Columbia, Canada
250-380-3898
Pro Se



Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-A (Rev. 5-2001)
Catalog Number 20312N

Collection Information Statement for Wage Earners and Self-Employed Individuals

Complete all entry spaces with the most current data available.

Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.

Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Section 1

Personal Information

1. Full Name(s) _____ 1a. Home Telephone (____) _____ Best Time To Call: _____ am _____ pm
(Enter Hour)

Street Address _____ 2. Marital Status: _____

City _____ State _____ Zip _____ ☐ Married ☐ Separated

County of Residence _____ ☐ Unmarried (single, divorced, widowed)

How long at this address? _____

3. Your Social Security No. (SSN) _____ 3a. Your Date of Birth (mm/dd/yyyy) _____

4. Spouse's Social Security No. _____ 4a. Spouse's Date of Birth (mm/dd/yyyy) _____

5. ☐ Own Home ☐ Rent ☐ Other (specify, i.e. share rent, live with relative) _____

6. List the dependents you can claim on your tax return: (Attach sheet if more space is needed.)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

☐ Check this box when all spaces in Sect. 1 are filled in.

Section 2

Your Business Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)

☐ No ☐ Yes If yes, provide the following information:

7a. Name of Business _____ 7c. Employer Identification No., if available: _____

7b. Street Address _____ 7d. Do you have employees? ☐ No ☐ Yes

City _____ State _____ Zip _____ 7e. Do you have accounts/notes receivable? ☐ No ☐ Yes

If yes, please complete Section 8 on page 5.

☐ Check this box when all spaces in Sect. 2 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please include proof of self-employment income for the **prior 3 months** (e.g., invoices, commissions, sales records, income statement).

Section 3

Employment Information

8. Your Employer _____ 9. Spouse's Employer _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Work telephone no. (____) _____ Work telephone no. (____) _____

May we contact you at work? ☐ No ☐ Yes May we contact you at work? ☐ No ☐ Yes

8a. How long with this employer? _____ 9a. How long with this employer? _____

8b. Occupation _____ 9b. Occupation _____

☐ Check this box when all spaces in Sect. 3 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 3 months from each employer (e.g., pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Section 4

Other Income Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

☐ Pension ☐ Social Security ☐ Other (specify, i.e. child support, alimony, rental) _____

☐ Check this box when all spaces in Sect. 4 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Collection Information Statement for Wage Earners and Self-Employed Individuals

Form 433-A

Name _____

SSN _____

Section 5**Banking,
Investment,
Cash, Credit,
and Life
Insurance
Information**

Complete all
entry spaces
with the most
current data
available.

11. CHECKING ACCOUNTS. List all checking accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
11a. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
11b. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
11c. Total Checking Account Balances				\$ _____

12. OTHER ACCOUNTS. List all accounts, including brokerage, savings, and money market, not listed on line 11.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
12a. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12c. Total Other Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

13. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits, and retirement assets such as IRAs, Keogh, and 401(k) plans. (If you need additional space, attach a separate sheet.)

Name of Company	Number of Shares / Units	<input checked="" type="checkbox"/> Current Value	Loan Amount	Used as collateral on loan?
13a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13c. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13d. Total Investments		\$ _____		

☒ **Current Value:**
Indicate the amount you could sell the asset for today.

14. CASH ON HAND. Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$ _____

15. AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
15a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
15b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
15c. Total Credit Available			\$ _____

Collection Information Statement for Wage Earners and Self-Employed Individuals

Form 433-A

Name _____ SSN _____

Section 5
continued**16. LIFE INSURANCE.** Do you have life insurance with a cash value? ☐ No ☐ Yes

(Term Life insurance does not have a cash value.)

If yes:

16a. Name of Insurance Company _____**16b.** Policy Number(s) _____**16c.** Owner of Policy _____**16d.** Current Cash Value \$ _____ **16e.** Outstanding Loan Balance \$ _____

Subtract "Outstanding Loan Balance" line 16e from "Current Cash Value" line 16d = 16f \$ _____

☐ Check this box when all spaces in Sect. 5 are filled in and attachments provided.**ATTACHMENTS REQUIRED:** Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.**Section 6**
Other Information**17. OTHER INFORMATION.** Respond to the following questions related to your financial condition: (Attach sheet if you need more space.)**17a.** Are there any garnishments against your wages? ☐ No ☐ Yes

If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____

17b. Are there any judgments against you? ☐ No ☐ Yes

If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____

17c. Are you a party in a lawsuit? ☐ No ☐ Yes

If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____

17d. Did you ever file bankruptcy? ☐ No ☐ Yes

If yes, date filed _____ Date discharged _____

17e. In the past 10 years did you transfer any assets out of your name for less than their actual value? ☐ No ☐ Yes

If yes, what asset? _____ Value of asset at time of transfer \$ _____

When was it transferred? _____ To whom was it transferred? _____

17f. Do you anticipate any increase in household income in the next two years? ☐ No ☐ Yes

If yes, why will the income increase? _____ (Attach sheet if you need more space.)

How much will it increase? \$ _____

17g. Are you a beneficiary of a trust or an estate? ☐ No ☐ Yes

If yes, name of the trust or estate _____ Anticipated amount to be received \$ _____

When will the amount be received? _____

17h. Are you a participant in a profit sharing plan? ☐ No ☐ Yes

If yes, name of plan _____ Value in plan \$ _____

☐ Check this box when all spaces in Sect. 6 are filled in.**Section 7**
Assets and Liabilities☒ **Current Value:** Indicate the amount you could sell the asset for today.**18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model, Mileage)	<input checked="" type="checkbox"/> Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
18a. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
18b. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
18c. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

Collection Information Statement for Wage Earners and Self-Employed Individuals

Form 433-A

Name _____

SSN _____

Section 7
continued

- 19. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.**
- Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model)	Lease Balance	Name and Address of Lessor	Lease Date	Amount of Monthly Payment
------------------------------------	------------------	----------------------------------	---------------	---------------------------------

19a. Year _____
 Make/Model _____ \$ _____ \$ _____

19b. Year _____
 Make/Model _____ \$ _____ \$ _____

**ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

- 20. REAL ESTATE.**
- List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	<input type="checkbox"/> Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
---	-------------------	-------------------	---	-----------------	----------------------------------	---------------------------------	------------------------------

☒ **Current****Value:**

Indicate the amount you could sell the asset for today.

20a. _____

 _____ \$ _____ \$ _____ \$ _____ \$ _____

20b. _____

 _____ \$ _____ \$ _____ \$ _____ \$ _____

* **Date of****Final Pay-**ment:
Enter the date the loan or lease will be fully paid.**ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

- 21. PERSONAL ASSETS.**
- List all Personal assets below. (If you need additional space, attach separate sheet.)

Furniture/Personal Effects includes the total current market value of your household such as furniture and appliances.*Other Personal Assets* includes all artwork, jewelry, collections (coin/gun, etc.), antiques or other assets.

Description	<input type="checkbox"/> Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
-------------	---	-----------------	----------------	---------------------------------	------------------------------

21a. Furniture/Personal Effects \$ _____ \$ _____ \$ _____

Other: (List below)

21b. Artwork \$ _____ \$ _____ \$ _____

21c. Jewelry _____

21d. _____

21e. _____

- 22. BUSINESS ASSETS.**
- List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.)
- Tools used in Trade or Business*
- includes the basic tools or books used to conduct your business, excluding automobiles.
- Other Business Assets*
- includes any other machinery, equipment, inventory or other assets.

Description	<input type="checkbox"/> Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
-------------	---	-----------------	----------------	---------------------------------	------------------------------

22a. Tools used in Trade/Business \$ _____ \$ _____ \$ _____

Other: (List below)

22b. Machinery \$ _____ \$ _____ \$ _____

22c. Equipment _____

22d. _____

22e. _____

☐ Check this box when all spaces in Sect. 7 are filled in and attachments provided.

Collection Information Statement for Wage Earners and Self-Employed Individuals

Form 433-A

Name _____

SSN _____

Section 8**Accounts/
Notes
Receivable***Use only if
needed.*☐ *Check this
box if Section
8 not needed.***23. ACCOUNTS/NOTES RECEIVABLE.** List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

Description	Amount Due	Date Due	Age of Account
23a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23c. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

☐ Check this box
when all spaces in
Sect. 8 are filled in.

Add "Amount Due" from lines 23a through 23l = 23m \$ _____

Collection Information Statement for Wage Earners and Self-Employed Individuals

Form 433-A

Name _____

SSN _____

Section 9**Monthly Income and Expense Analysis**

If only one spouse has a tax liability, but both have income, list the total household income and expenses.

Total Income

Source	Gross Monthly
24. Wages (Yourself) ¹	\$ _____
25. Wages (Spouse) ¹	_____
26. Interest - Dividends	_____
27. Net Income from Business ²	_____
28. Net Rental Income ³	_____
29. Pension/Social Security (Yourself)	_____
30. Pension/Social Security (Spouse)	_____
31. Child Support	_____
32. Alimony	_____
33. Other	_____
34. Total Income	\$ _____

Total Living Expenses

Expense Items ⁴	Actual Monthly
35. Food, Clothing and Misc. ⁵	\$ _____
36. Housing and Utilities ⁶	_____
37. Transportation ⁷	_____
38. Health Care	_____
39. Taxes (Income and FICA)	_____
40. Court ordered payments	_____
41. Child/dependent care	_____
42. Life insurance	_____
43. Other secured debt	_____
44. Other expenses	_____
45. Total Living Expenses	\$ _____

¹ Wages, salaries, pensions, and social security: Enter your gross monthly wages and/or salaries. Do not deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, car payments etc. To calculate your gross monthly wages and/or salaries:

If paid weekly - multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33

If paid bi-weekly (every 2 weeks) - multiply bi-weekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

If paid semi-monthly (twice each month) - multiply semi-monthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

² Net Income from Business: Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from your Form 1040 Schedule C. If it is more or less than the previous year, you should attach an explanation. If your net business income is a loss, enter "0". Do not enter a negative number.

³ Net Rental Income: Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net rental income is a loss, enter "0". Do not enter a negative number.

⁴ Expenses not generally allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family or for the production of income.

⁵ Food, Clothing and Misc.: Total of clothing, food, housekeeping supplies and personal care products for one month.

⁶ Housing and Utilities: For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.

⁷ Transportation: Total of lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking and tolls for one month.

ATTACHMENTS REQUIRED: Please include:

- A copy of your last Form 1040 with all Schedules.
- Proof of all current expenses that you paid for the past 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g., car payments, lease payments, fuel, oil, insurance, parking, registration).
- Proof of payments for health care, including health insurance premiums, co-payments, and other out-of-pocket expenses, for the past 3 months.
- Copies of any court order requiring payment and proof of such payments (e.g., cancelled checks, money orders, earning statements showing such deductions) for the past 3 months.



☐ Check this box when all spaces in Sect. 9 are filled in and attachments provided.

☐ Check this box when all spaces in all sections are filled in and all attachments provided.



Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete.

Your Signature _____

Spouse's Signature _____

Date _____



Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-B (Rev. 5-2001)
Catalog Number 16649P

Collection Information Statement for Businesses

Complete all entry spaces with the most current data available.

Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.

Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Section 1 Business Information

1a. Business Name _____
Business Street Address _____
City _____ State _____ Zip _____
County _____

1b. Business Telephone (____) _____

2a. Employer Identification No. (EIN) _____

2b. Type of Entity (Check appropriate box below)
☐ Partnership ☐ Corporation ☐ Other _____

2c. Type of Business _____

3a. Contact Name _____

3b. Contact's Business Telephone (____) _____
Extension _____
Best Time To Call _____ am _____ pm (Enter Hour)

3c. Contact's Home Telephone (____) _____
Best Time To Call _____ am _____ pm (Enter Hour)

3d. Contact's Other Telephone (____) _____
Telephone Type (i.e. fax, cellular, pager) _____

3e. Contact's E-mail Address _____

☐ Check this box
when all spaces in
Sect. 1 are filled in.

Section 2 Business Personnel and Contacts

4. PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

4a. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5b. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5c. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5d. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

☐ Check this box
when all spaces in
Sect. 2 are filled in.

Section 3 Accounts/ Notes Receivable

6. ACCOUNTS/NOTES RECEIVABLE. List all contracts separately, including contracts awarded, but not started.

Description	Amount Due	Date Due	Age of Account
6a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

6a + 6b = 6c

6c \$ _____

Amount from
Page 6 +

6p \$ _____

6q. Total Accounts/
Notes Receivable = \$ _____

6c + 6p = 6q

☐ Check this box
when all spaces in
Sect. 3 are filled in.

Collection Information Statement for Businesses

Form 433-B

Business Name _____ EIN _____

Section 4**Other
Financial
Information****7. OTHER FINANCIAL INFORMATION.** Respond to the following business financial questions.

- 7a.** Does this business have other business relationships (e.g. subsidiary or parent, corporation, partnership, etc.)? ☐ No ☐ Yes
If yes, list related EIN _____ Additional EIN _____
- 7b.** Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan borrowed from the business? ☐ No ☐ Yes
If yes, amount of loan \$ _____ Date of loan _____ Current balance \$ _____
- 7c.** Are there any judgments or liens against your business? ☐ No ☐ Yes
If yes, who is the creditor? _____ Date creditor obtained judgment/lien _____ Amount of debt \$ _____
- 7d.** Is your business a party in a lawsuit? ☐ No ☐ Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____
- 7e.** Has your business ever filed bankruptcy? ☐ No ☐ Yes
If yes, date filed _____ Date discharged _____ Petition No. _____
- 7f.** In the past 10 years have you transferred any assets from your business name for less than their actual value? ☐ No ☐ Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom or where was it transferred? _____
- 7g.** Do you anticipate any increase in business income (e.g. contracts bid but not yet awarded)? ☐ No ☐ Yes
If yes, why will the income increase? _____ (Attach sheet if you need additional space.)
How much will it increase? _____ When will the business income increase? _____
- 7h.** Is your business a beneficiary of a trust, an estate or a life insurance policy? ☐ No ☐ Yes
If yes, name of the trust, estate or policy? _____ Anticipated amount to be received? _____
When will the amount be received? _____

☐ Check this box
when all spaces in
Sect. 4 are filled in.

Section 5**Business
Assets**

☒ **Current
Value:**
Indicate the
amount you
could sell the
asset for today.

8. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc.
(If you need additional space, attach a separate sheet.)

Description (Year, Make, Model, Mileage)	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
8a. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
8b. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
8c. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

9. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc.
(If you need additional space, attach a separate sheet.)

Description (Year, Make, Model)	Lease Balance	Name of Lessor	Lease Date	Amount of Monthly Payment
9a. Year _____ Make/Model _____	\$ _____	_____	_____	\$ _____
9b. Year _____ Make/Model _____	\$ _____	_____	_____	\$ _____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

Collection Information Statement for Businesses

Form 433-B

Business Name _____ EIN _____

Section 5
continued**10. REAL ESTATE.** List all real estate owned by the business. (If you need additional space, attach a separate sheet.)

☒ **Current Value:**
Indicate the amount you could sell the asset for today.

***Date of Final Payment:**
Enter the date the loan or lease will be fully paid.

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
--	----------------	----------------	---	--------------	-------------------------------	---------------------------	------------------------

10a. _____

 _____ \$ _____ \$ _____ \$ _____ \$ _____

10b. _____

 _____ \$ _____ \$ _____ \$ _____ \$ _____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

☐ Check this box if you are attaching a depreciation schedule for machinery/equipment in lieu of completing line 11.

11. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

Description	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
11a. Machinery	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Merchandise	_____	_____	_____	_____	_____
Other Assets: (List below)	_____	_____	_____	_____	_____

11b. _____ \$ _____ \$ _____ \$ _____

11c. _____

☐ Check this box when all spaces in Sect. 5 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current loan balance for assets listed which have an encumbrance.

Section 6
Investment, Banking and Cash Information**12. INVESTMENTS.** List all investment assets below. Include stocks, bonds, mutual funds, stock options and certificates of deposits.

Name of Company	Number of Shares / Units	<input checked="" type="checkbox"/> Current Value	Loan Amount	Used as collateral on loan?
12a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12c. Total Investments		\$ _____		

Collection Information Statement for Businesses

Form 433-B

Business Name _____ EIN _____

Section 6
continuedComplete all
entry spaces
with the most
current data
available.**13. BANK ACCOUNTS.** List all checking and savings accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
13a. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13b. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13c. Savings	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13d. Total Bank Account Balances				\$ _____

**ATTACHMENTS REQUIRED:** Please include your current bank statements (checking and savings) for the past three months for all accounts.**14. OTHER ACCOUNTS.** List all accounts including brokerage accounts, money market, additional checking and savings accounts not listed on line #13 and any other accounts not listed in this section.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
14a.	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14b.	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14c. Total Other Account Balances				\$ _____

**ATTACHMENTS REQUIRED:** Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.**15. CASH ON HAND.** Include any money that you have that is not in the bank.**15a. Total Cash on Hand** \$ _____**16. AVAILABLE CREDIT.** List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
16a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16c. Total Credit Available			\$ _____

☐ Check this box when all spaces in Sect. 6 are filled in and attachments provided.

Collection Information Statement for Businesses

Form 433-B

Business Name _____

EIN _____

Section 7
Monthly
Income and
ExpensesComplete all
entry spaces
with the most
current data
available.

17. The following information applies to income and expenses from your most recently filed Form 1120 or Form 1065.

Fiscal Year Period _____ to _____

18. Accounting Method Used: ☐ Cash ☐ Accrual

The information included on lines 19 through 39 should reconcile to your business federal tax return.

Total Income

Source	Gross Monthly
19. Gross Receipts	\$ _____
20. Gross Rental Income	_____
21. Interest	_____
22. Dividends	_____
Other Income (specify in lines 23-25)	_____
23. _____	_____
24. _____	_____
25. _____	_____
(Add lines 19 through 25)	_____
26. TOTAL INCOME	\$ 14,000

Total Expenses

Expense Items	Actual Monthly
27. Materials Purchased ¹	\$ _____
28. Inventory Purchased ²	_____
29. Gross Wages & Salaries	_____
30. Rent	_____
31. Supplies ³	_____
32. Utilities / Telephone ⁴	_____
33. Vehicle Gasoline / Oil	_____
34. Repairs & Maintenance	_____
35. Insurance	_____
36. Current Taxes ⁵	_____
Other Expenses (include installment payments, specify in lines 37-38)	_____
37. _____	_____
38. _____	_____
(Add lines 27 through 38)	_____
39. TOTAL EXPENSES	\$ 14,000

¹ **Materials Purchased:** Materials are items directly related to the production of a product or service.² **Inventory Purchased:** Goods bought for resale.³ **Supplies:** Supplies are items used in your business that are consumed or used up within one year, this could be the cost of books, office supplies, professional instruments, etc.⁴ **Utilities:** Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.⁵ **Current Taxes:** Real estate, state and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.☐ Check this box
when all spaces in
Sect. 7 are filled in.☐ Check this box
when all spaces in
all sections are
filled in and all
attachments
provided.**Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.****Certification:** Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete._____
Print Name_____
Title_____
Your Signature_____
Date

Collection Information Statement for Businesses

Form 433-B

Business Name _____ EIN _____

Section 3
Accounts/
Notes
Receivable
continued*Use only if
needed.*☐ *Check this
box if this
page is not
needed.***ACCOUNTS/NOTES RECEIVABLE CONTINUATION PAGE.** List all contracts separately, including contracts awarded, but not started. (If you need additional space, copy this page and attach to the 433-B package.)

Description	Amount Due	Date Due	Age of Account
6d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6m. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6n. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6o. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

☐ Check this box
when all spaces in
Sect. 3 are filled in.

Add lines 6d through 6o = 6p \$ _____

*(Add this amount to amount
on line 6c, Section 3, page 1)*

ATTACHMENT C

CONSENT TO RELEASE OF FINANCIAL RECORDS

I, _____, of _____ Canada, do hereby direct any bank, savings and loan association, credit union, depository institution, finance company, commercial lending company, credit card processor, credit card processing entity, automated clearing house, network transaction processor, bank debit processing entity, brokerage house, escrow agent, money market or mutual fund, title company, commodity trading company, trustee, or person that holds, controls or maintains custody of assets, wherever located, that are owned or controlled by me or at which there is an account of any kind upon which I am authorized to draw, and its officers, employees and agents, to disclose all information and deliver copies of all documents of every nature in your possession or control which relate to the said accounts to any attorney of the Federal Trade Commission, and to give evidence relevant thereto, in the matter of Federal Trade Commission v. 9125-8954 Quebec Inc., d.b.a Global Management Solutions, et al., now pending in the United States District Court for the Western District of Washington, at Seattle, and this shall be irrevocable authority for so doing. This direction is intended to apply to the laws of countries other than the United States which restrict or prohibit the disclosure of bank information without the consent of the holder of the account, and shall be construed as consent with respect thereto, and the same shall apply to any of the accounts for which I may be the relevant principal.

Date: _____, 2005

Signature: _____

Print name: _____